MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

C4766

Reg. Diat. No. 105

1. PLACE OF DEATH
County Charles
City or town Rural Waldorf Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 year
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Charles
City or town Rural Waldorf Md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME John D. Anderson

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6.(b) Name of husband or wife Hattie
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 28 - 1874

8. AGE: Years	Months	Days	If less than one day
71	7		hrs. min.

9. Birthplace Wilkes Co N. C.
(Town, county, and state)
10. Usual occupation Retired
11. Industry or business

FATHER
12. Name William Anderson
13. Birthplace Wilkes Co N. C.

MOTHER
14. Maiden name Martha Nance
15. Birthplace Wilkes Co. N.C.

16. Informant Imogene Anderson
Address Waldorf Md

17. Burial Date thereof 6-1-46
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Hill Crest Burial Plot
Location Cumberland Md
18. Funeral director Hewitt & Ryon
Address Waldorf Md

19 5-29 19 46 M. L. Mitchell
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 19 46 at 6 A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 10 19 46, to May 28 19 46
and that I last saw h.. alive on May 27 19 46

Immediate cause of death	DURATION
Arteriosclerotic Cardio-Vascular Disease.	15 yrs.
Due to arteriosclerosis	
Due to	
Other conditions Bronchiectasis	15 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Louis L. Goreis MD
M. D. or other
Address Hughesville, Md Date signed May 28 1946

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

Evidence for the addition of sex is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-a)

CERTIFICATE OF DEATH

04767

FILM No. I 04 MAY 24 1946.

Reg. Dist. No. 100

1. PLACE OF DEATH:
County: Charles
City or town: La Plata
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: Physicians' Memorial Hospital
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Charles
City or town: Port Tobacco
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Mary Elizabeth Bateman

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female		

6.(b) Name of husband or wife: Geo. I. Bateman
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Feb. 24, 1877

8. AGE: Years: 69 | Months: 2 | Days: 11 | If less than one day: ..... hrs. ..... min.

9. Birthplace: St. Marys Co., Maryland (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:

FATHER
12. Name: Philip Swann
13. Birthplace: Unknown

MOTHER
14. Maiden name: Georgianna Mattingly
15. Birthplace: Unknown

16. Informant: Mrs. Dorothy Bowie
Address: Faulkner, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5-8-46 (month) (day) (year)
Cemetery or crematory: Mt. Rest
Location: La Plata, Md
18. Funeral director: Wyatt & Ryon
Address: Waldorf, Md

19. 5-8-46 (Date rec'd by registrar) 19 ..... Julia H. Pacey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5. 5 1946, at 1 30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5-1 1946, to 5-5 1946
and that I last saw her alive on 5-5 1946

Immediate cause of death	DURATION
Uremia	5-1-46
Due to: Nephritis	?
Due to:	
Other conditions: Hypertension (Secondary)	?

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: B. Edelen M.D.
M.D. or other
Address: 5-6-46 La Plata Md
Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (121-Q)

CERTIFICATE OF DEATH

04768

Reg. Dist. No. 105

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 7

1. PLACE OF DEATH:
County: Charles
City or town: Bryantown md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Chas
City or town: Bryantown md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: William Ignatius Boarman

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Single

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Feb. 8, 1883

8. AGE: Years	Months	Days	If less than one day
63	3	22	..... hrs. ..... min.

9. Birthplace: Bryantown Md (Town, county, and state)
10. Usual occupation: Farm merchant
11. Industry or business

FATHER
12. Name: Dr William I Boarman
13. Birthplace: Bryantown md

MOTHER
14. Maiden name: Estelle Gardiner
15. Birthplace: Chaptico Md

16. Informant: Mrs Gladys Williams
Address: Bryantown md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6-1-46 (month) (day) (year)
Cemetery or crematory: St Marys
Location: Bryantown Md
18. Funeral director: Hewitt & Rigon
Address: Waldorf md

19. May 31 1946 (Date rec'd by registrar) M P Russell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 30th 1946 at 2 30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 28th 1946, to May 30 1946
and that I last saw him alive on May 30 1946

Immediate cause of death	DURATION
Uremia	1 month
Due to Chronic Glomerulo Nephritis	6 months
Due to Arterio Sclerotic Disease of the Kidneys	
Other conditions Benign Prostatic Hypertrophy	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Louis L. Garcia MD. M. D. or other
Address: Hughesville, Md Date signed May 31, 1946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 74a

CERTIFICATE OF DEATH

Reg. Dist. No. 047705

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County: Charles

City or town: Waldorf

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Washington County: DC

City or town:

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1319 - Park Road N W

(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: George J. Marrison

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Wid

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec 12 - 1890

8. AGE: Years	Months	Days	If less than one day
55			hrs. min.

9. Birthplace: Laurel Md (Town, county, and state)

10. Usual occupation: Accounting

11. Industry or business:

FATHER — 12. Name: Howard Marrison

13. Birthplace: Laurel Md

MOTHER — 14. Maiden name: Fannie Downey

15. Birthplace: Laurel Md

16. Informant: Ella Jenkins Sister

Address: 5126 - 5th St N W. DC

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 5-23-46 (month) (day) (year)

Cemetery or crematory: Arlington Natl Cem

Location: Arlington Va

18. Funeral director: J. B. Nevitt Co

Address: Washington DC

19. May 20 1946 (Date rec'd by registrar) W. L. Wootton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 19, 1946, at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 19 1946, to 19; and that I last saw him on May 19, 1946.

Immediate cause of death	DURATION
Apparently, Coronary Thrombosis	Seconds
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: — Date of op.: —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Deputy Medical Examiner John L. MacKenrogh, M.D. M. D. or other

Address: La Plata, Md. Date signed: 5-19-46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04769

Reg. Dist. No. 105

1. PLACE OF DEATH:
County: Charles
City or town: Rural La Plata
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infant give residence of mother)
State: Md. County: Chas
City or town: La Plata Md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Mazie Minor

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	Col	Married

6.(b) Name of husband ~~or wife~~: Jerome Minor
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Mar. 23, 1900

8. AGE: Years	Months	Days	If less than one day
46	1	20	..... hrs. ..... min.

9. Birthplace: Near La Plata (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
12. FATHER — Name: Joe Marshall
13. FATHER — Birthplace: Chas. Co. Md
14. MOTHER — Maiden name: Susan Dorsey
15. MOTHER — Birthplace: Chas. Co. Md.
16. Informant: Jerome Minor
Address: La Plata, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 5/22/46 (month) (day) (year)
Cemetery or crematory: Sacred Heart
Location: La Plata, Md.
18. Funeral director: Hurtt & Ryan
Address: Waldorf Md.
19. May 22 1946 M L Moore R (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 19 1946 at 6 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 17, 1946, to 19..
and that I last saw h.. alive on May 17, 1946

Immediate cause of death	DURATION
Congestive heart failure	one week
Due to: Hypertensive Hr. disease	?
Due to: Essential Hypertension	?
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: —
Date of op. —
Autopsy results: —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: John L. MacKavanagh, M.D. M. D. or other
Address: La Plata, Md. Date signed 5-20-46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94)

CERTIFICATE OF DEATH

* 14771 105

Reg. Dist. No.

1. PLACE OF DEATH:

County: Charles

City or town: White Plains
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 yrs.

Hospital, Institution, or street address where death occurred:
—

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: White Plains
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Mary Louisa Padgett

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Wilburn L. Padgett

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): February 23, 1865

8. AGE:

Years	Months	Days	If less than one day
81	2	21	hrs. min.

9. Birthplace: White Plains, Charles, Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: own home

FATHER
12. Name: William Edw. Dennett
13. Birthplace: Oxon Hill, Md.

MOTHER
14. Maiden name: Eliza Eleanor Wolfe
15. Birthplace: Ellicott City, Md.

16. Informant: Wilburn L. Padgett, Jr.
Address: Waldorf, Md.

17. Removal Date thereof May 17 1946
(Burial, cremation, or removal. Which) (month) (day) (year)

Cemetery or crematory: Fort Lincoln Cemetery
Location: 3201 Bladensburg Rd. N.E.

18. Funeral director: The S. H. Naylor Co.
Address: 2901 14th St. N. W.

19. 5-14 1946 M L Snowden
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 14, 1946, at 11:55 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 10, 1946, to May 14, 1946 and that I last saw h.er alive on May 10, 1946

Immediate cause of death	DURATION
Coronary thrombosis	5 minutes
Due to: Generalized arteriosclerosis	1½ yrs.
Due to:	
Other conditions: Compensated congestive heart failure	1 yr.

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op. —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: James L. MacKavanagh, M.D.
M. D. or other

Address: La Plata, Md. Date signed 5-14-46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

CERTIFICATE OF DEATH

Reg. Dist. No. 14772 / 108

1. PLACE OF DEATH:
County: Charles
City or town: La Plata Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 days
Hospital, institution, or street address where death occurred: Physicians Memorial
How long in hospital or institution? 2 hrs

2. USUAL RESIDENCE (HOME) OF DECEASED
(For newborn infants give residence of mother)
State: Md County: Charles
City or town: Hughesville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Donald Gordon Rutherford

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Single

6.(b) Name of husband or wife:
6.(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Feb 23 1943

8. AGE: Years	Months	Days	If less than one day
3	2	9	____ hrs. ____ min.

9. Birthplace: Hughesville md (Town, county, and state)
10. Usual occupation: none
11. Industry or business

FATHER
12. Name: Gordon H Rutherford
13. Birthplace: Marietta Ohio

MOTHER
14. Maiden name: Elsie B. Palmer
15. Birthplace: Buffalo NC

16. Informant: Gordon H Rutherford
Address: Hughesville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 4 1946 (month) (day) (year)
Cemetery or crematory: St Marys Cemetery
Location: Bryantown Md

18. Funeral director: Elmer McQuade
Address: Hughesville Md

19. 5-3-46 (Date rec'd by registrar) 19____ Julia H. Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 5-7-46 at 3 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5-7-46 to 3 P M 19____ and that I last saw h____ alive on ____ 19____

Immediate cause of death	DURATION
Suffocation	5-7-46
Due to: Drowning	5-7-46
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results: Drowning
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of: 5-7-46
Where did injury occur? Rural Hughesville Charles Md (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): Farm
Means of injury: Fell in well Injured at work? no

23. SIGNATURE: E Medellen M.D. M. D. or other
Address: La Plata, Md Date signed: 5-7-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10

1. PLACE OF DEATH:

County: Possibly, Charles

City or town: Unknown - found on Popes Creek
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Unknown

Hospital, Institution, or street address where death occurred:
Potomac River

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: County:

City or town: UNKNOWN
(If outside city or town limits, write RURAL and give nearest town)

Street No.:
(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME Unidentified skeleton found 5-12-46

3.(b) Social Security Number

May 12, 1946

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Probably White	Unknown

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Unknown

8. AGE:

Years	Months	Days	If less than one day
Adult			hrs. min.

9. Birthplace: Unknown
(Town, county, and state)

10. Usual occupation:

11. Industry or business

FATHER
12. Name:
13. Birthplace

MOTHER
14. Maiden name:
15. Birthplace

16. Informant:

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5-13-46 (month) (day) (year)

Cemetery or crematory: St. Pauls

Location: Waldorf Md

18. Funeral director: Hewitt & Ryon

Address: Waldorf Md

19. 5-13 (Date rec'd by registrar) 1946 Julian H. Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: between Nov. 1945 and April 1946 at M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from on May 12, 19 46, to 19; and that I last saw h alive on May 12, 19 46.

Immediate cause of death	DURATION
UNKNOWN —	
Due to: Probably external causes	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statisticaDy.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Unknown Date of: ?

Where did injury occur? Probably Chas. Co. Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?): Potomac River

Means of injury: ? Injured at work? ?

Deputy Medical Examiner

23. SIGNATURE: John F. MacKaronagh, M.D.
M. D. or other

Address: La Plata, Md Date signed: 5-13-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1.4774 187

★ Reg. Diat. No.

1. PLACE OF DEATH:
County: Charles
City or town: Marshall Hall
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Two Months
Hospital, institution, or street address where death occurred:
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: New Jersey County:
City or town: Trenton
(If outside city or town limits, write RURAL and give nearest town)
Street No. —
(If rural, give LOCATION)
2.(a) If veteran, name war: ✓

3.(a) FULL NAME: Arthur E. Walsh

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Lillian Wilson Walsh
6.(c) If alive, give age: 61 years

7. Birth date of deceased (mo., day, yr.): July 1, 1895

8. AGE: Years: 50 | Months: 10 | Days: 13 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Trenton N. J. (Town, county, and state)
10. Usual occupation: Ride Operator
11. Industry or business: Show Business

FATHER
12. Name: Not known
13. Birthplace: Ireland

MOTHER
14. Maiden name: Not known
15. Birthplace: Ireland.

16. Informant: Mrs. Arthur E. Walsh
Address: Marshall Hall. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5-17-46 (month) (day) (year)
Cemetery or crematory: Green Lawn Cemetery
Location: Columbus Ohio

18. Funeral director: Hunt & Ryan
Address: Waldorf, Md.

19. 5/16/46 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 14 1946, at 8:35 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ..... 19..... to May 14 1946
and that I last saw h..... alive on May 14 1946

Immediate cause of death	DURATION
Coronary Thrombosis	one day
Due to Acute Myocarditis	6 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....
Autopsy results: .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: Franklin Simmons Jr. M. D. or other
Address: Leonardtown Md. Date signed: 5/14/46

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

★ 1-47765

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Charles
City or town: Indian Head
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: 28 Strauss Ave.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 32 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Charles
City or town: Indian Head Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 28 Strauss Ave
(If rural give LOCATION)
2(a) IF YETERAN, NAME WAR: —

3. (a) FULL NAME: Barney Winfield Williams
3. (b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Elizabeth Geraldine Williams
6(c) If alive, give age: 44 years

7. Birth date of deceased (mo., day, yr.): Oct. 4, 1897

8. AGE:

Years	Months	Days	If less than one day
48	7	10	hrs. min.

9. Birthplace: Washington D.C. (Town, county, and state)
10. Usual occupation: (U.S. Govt) Storekeeper
11. Industry or business: U.S. Govt
FATHER 12. Name: Joseph Williams
13. Birthplace: Washington, D.C.
MOTHER 14. Maiden name: Harriet Southerland
15. Birthplace: Bison, Maryland
16. Informant: Julia H. Posey
Address: La Plata, Md.
17. (Burial, cremation, or removal. Which?): Burial Date thereof: 4-17-46 (month) (day) (year)
Cemetery or crematory: St Charles
Location: Glymont MD
18. Funeral director: Hunter Lyon
Address: Waldorf Md.
19. (Date rec'd by registrar): 5-16-1946 Registrar: M L Myers

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 14 1946, at 11:30 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 —, to May 14 1946, and that I last saw h — alive on — 19 —.

Immediate cause of death	DURATION
Coronary Thrombosis	1 day
Due to Hypertensive Heart Disease	14 yr.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Frank L. Swann M.D.
M. D. or other
Address: Indian Head Date signed: 5/14/46